

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 0 7

2. STATE:

West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(e)(12) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY -0- \$ -0-
b. FFY -0- \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 2.2-A
Page 23c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

This state plan amendment will clarify factors in twelve month
continuous eligibility for children.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Nancy V. Atkins

13. TYPED NAME:

Nancy V. Atkins, MSN, RNC, NP

14. TITLE:

Commissioner

15. DATE SUBMITTED:

5-14-03

16. RETURN TO:

Nancy V. Atkins, MSN, RNC, NP
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAY 19 2003

18. DATE APPROVED:

JUL 11 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MAY 01 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Mary T. McSorley

21. TYPED NAME:

Mary T. McSorley

22. TITLE:

Associate Regional Administrator
Division of Medicaid & Children's Health - Region III

23. REMARKS:

Citation

Groups Covered

2. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10(A)(ii)(XIV)
of the Act 19. Optional Targeted Low Income Children who:

- A. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- B. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on March 31, 1997 (other than because of the age expansion provided for in 1902(1)(2)(D));
- C. are not covered under a group health plan or other group health insurance (as such terms are defined in section 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- D. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in section 2110 (b)(4) of the Act) but by no more than 50 percentage points.

The State covers;

 All children described above who are under age nineteen (19) with family income at or below percent of the Federal poverty level specified for the classification.

1902 (e)(12) of the Act

- X 20. A child under age nineteen (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of twelve months (not to exceed 12 months) regardless of changes in circumstances other than these listed; a child, under age nineteen moves out of West Virginia and a child who attains the maximum age as stated above.